

# DO/ EO WORKSHEET

Paralegal/ National Stage Division

U.S. Appl. No. 10/542406

International Appl. No. FR04/50014

Application filed by : ☐ 20 months ☒ 30 months

## WIPO PUBLICATION INFORMATION :

Publication No.: WO2004/04929 Publication Language : ☐ English ☐ German ☐ Japanese ☐ Chinese ☐ Korean  
☒ French ☐ Spanish ☐ Russian ☐ Other : \_\_\_\_\_

Publication Date : 05 Aug. 04

Not Published : ☐ U.S. only designated ☐ EP request

Published : ☐ EP request

## INTERNATIONAL APPLICATION PAPERS IN THE APPLICATION FILE :

- |                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| <input checked="" type="checkbox"/> International Application (RECORD COPY)                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> PCT/IB/331                                                                                                                                                                                                                                                                                                                                                                                                      |
| <input type="checkbox"/> Article 19 Amendments                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Request form PCT/RO/101                                                                                                                                                                                                                                                                                                                                                                                         |
| <input type="checkbox"/> PCT/IPEA/409 IPER : <input type="checkbox"/> EP <input type="checkbox"/> JP <input type="checkbox"/> SE <input type="checkbox"/> AU<br><input type="checkbox"/> US <input type="checkbox"/> FR <input type="checkbox"/> CN <input type="checkbox"/> ES <input type="checkbox"/> RU <input type="checkbox"/> AT <input type="checkbox"/> KR <input type="checkbox"/> _____ | <input checked="" type="checkbox"/> PCT/ISA/210 - Search Report : <input checked="" type="checkbox"/> EP <input type="checkbox"/> JP <input type="checkbox"/> SE <input type="checkbox"/> AU<br><input type="checkbox"/> US <input type="checkbox"/> FR <input type="checkbox"/> CN <input type="checkbox"/> ES <input type="checkbox"/> RU <input type="checkbox"/> AT <input type="checkbox"/> KR <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> PCT/IPEA/409 IPER was NOT AVAILABLE at the time of<br>paralegal review                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> NONE                                                                                                                                                                                                                                                                                                                                                                                                            |
| <input type="checkbox"/> Annexes to 409                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Search Report References                                                                                                                                                                                                                                                                                                                                                                                        |
| <input checked="" type="checkbox"/> Priority Document (s) No. <u>1</u>                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Other : _____                                                                                                                                                                                                                                                                                                                                                                                                   |

## RECEIPTS FROM THE APPLICANT (other than checked above) :

- |                                                                                                                                                                                                                                                                    |                                                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Basic National Fee (or authorization to charge)                                                                                                                                                                                | <input checked="" type="checkbox"/> Preliminary Amendment(s) Filed on :<br>1. <u>01/06/06</u> 3. _____                                        |
| <input checked="" type="checkbox"/> Description <input checked="" type="checkbox"/> Claims <input checked="" type="checkbox"/> Abstract                                                                                                                            | <input checked="" type="checkbox"/> Information Disclosure Statement(s) Filed on :<br>1. <u>07/15/05</u> 3. _____                             |
| <input checked="" type="checkbox"/> Drawing Figure(s) - (# of dwgs. <u>1</u> )                                                                                                                                                                                     | <input type="checkbox"/> Assignment Document (forwarded to<br>Assignment Branch) 1. _____                                                     |
| <input type="checkbox"/> Translation of Article 19 Amendments<br><input type="checkbox"/> entered <input type="checkbox"/> not entered :<br><input type="checkbox"/> not a page for page substitution<br><input type="checkbox"/> replaced by Article 34 Amendment | <input type="checkbox"/> Assignee PG Publication Notice                                                                                       |
| <input type="checkbox"/> Annexes to 409<br><input type="checkbox"/> entered <input type="checkbox"/> not entered :<br><input type="checkbox"/> not a page for page substitution<br><input type="checkbox"/> no translation <input type="checkbox"/> other : _____  | <input type="checkbox"/> Substitute Specification Filed on :<br>1. _____ 2. _____                                                             |
| <input type="checkbox"/> Application Data Sheet                                                                                                                                                                                                                    | <input type="checkbox"/> Verified Small Status Statement 1. _____                                                                             |
| <input checked="" type="checkbox"/> Power of Attorney/ Change of Address                                                                                                                                                                                           | <input checked="" type="checkbox"/> Oath/ Declaration (executed)<br><input type="checkbox"/> unsigned <input type="checkbox"/> no citizenship |
|                                                                                                                                                                                                                                                                    | <input type="checkbox"/> DNA Diskette <input type="checkbox"/> Sequence Listing                                                               |
|                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Other : _____                                                                                                        |

NOTES : ☐ I.A. used as Specification ☐ Other :

35 U.S.C. 371 - Receipt of Request (PTO-1390)

Date Acceptable Oath/ Declaration Received

Date of Completion of requirements under 35 U.S.C. 371

Date of Completion of ALL requirements

Date of Completion of DO/ EO 903 - Notification of Acceptance

Date of Completion of DO/ EO 905 - Notification of Missing Requirements

Date of Completion of DO/ EO 909 - Notification of Abandonment

Date of Completion of DO/ EO 916 - Notification of Defective Response

Date of Completion of DO/ EO 922 - Notification to Comply w/ Requirements for Patent  
Applications Containing Nucleotide and/or Amino Acid Sequence Disclosures

Date of Completion of DO/ EO 923

07/15/05  
01/06/06  
01/06/06  
01/06/06  
03/18/06  
11/03/05